

HAN subject: Health Alert Network (HAN) Health Alert | Erythromycin ophthalmic ointment shortage

HAN number: 02132024

From: Utah DHHS

Intended audience: physicians, advanced practice clinicians, midwives, and other healthcare providers involved in the care of mothers and infants around the time of birth.

Action steps

- **Local health departments:** please forward to hospitals, clinics, birthing centers, urgent care centers, emergency departments, sexual health clinics, and other clinics or healthcare associations in your jurisdiction.
 - **Hospitals and clinics:** please forward to all healthcare providers who may be involved in the care of mothers and infants around the time of birth, including obstetricians, family physicians, pediatricians, midwives, infectious disease specialists, labor and delivery staff, urgent care and emergency department staff, and sexual health clinic staff.
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Key points

Summary

Utah DHHS is issuing this Health Alert Network (HAN) Health Alert regarding an ongoing erythromycin 0.5% ophthalmic ointment shortage that may impact delivery of the current standard of care in the prevention of *N. gonorrhoeae* eye infections in newborns. DHHS urges all healthcare providers to follow [Centers for Disease Control and Prevention \(CDC\)](#) guidance if supply is exhausted: infants at risk for exposure to *N. gonorrhoeae* can be administered ceftriaxone 25–50 mg/kg body weight IV or IM, not to exceed 250 mg in a single dose.

Background

- On July 7, 2022, [the Food and Drug Administration \(FDA\)](#) reported a shortage of erythromycin 0.5% ophthalmic ointment. This medication is the only recommended regimen to prevent ophthalmia neonatorum caused by *N. gonorrhoeae*. The expected duration of the shortage is unknown.
- Gonorrhea ocular prophylaxis of newborns is mandated by Utah state law. [R386-702-14](#) was updated February 12, 2024 to remove outdated recommendations and allow for the administration of an alternative treatment, in accordance with CDC guidance, if erythromycin 0.5% ophthalmic ointment is not available.
- In 2022, 3,082 cases of gonorrhea were reported to DHHS. This represents a rate of 91.2

*The information in this message is intended to spread awareness among healthcare providers and other professionals across Utah. This is not intended for mass distribution or media purposes.

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cases per 100,000 persons. Of those cases, 991 were females of reproductive age, which accounts for 32% of all 2022 cases. Out of all females of reproductive age with gonorrhea, 7% were known to be pregnant at the time of diagnosis.

Infant management recommendations

- Erythromycin 0.5% ophthalmic ointment is the first line treatment for the prevention of gonococcal ophthalmia neonatorum; however, when that is not available, ceftriaxone 25–50 mg/kg body weight IV or IM, not to exceed 250 mg in a single dose, can be used as prophylaxis for at risk infants:
 - Infants born to mothers with no prenatal care.
 - Infants born to mothers at risk for gonococcal infection (women aged <25 years and those aged ≥25 years who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, a sex partner who has an STI, or live in a community with high rates of gonorrhea).
- Healthcare providers, hospitals, and healthcare facilities with limited or no supply of erythromycin 0.5% ophthalmic ointment should consider screening for gonorrhea at delivery for women who were not tested during pregnancy or are at risk for infection.
 - If testing is done at delivery, make sure follow up and treatment of mother and infant is prompt. If the mother and/or infant tests positive for gonorrhea, treat according to guidelines found in: [Gonococcal Infections Among Neonates - STI Treatment Guidelines](#).
- The use of other topical medications are not recommended. Tetracycline ophthalmic ointment and silver nitrate are no longer available in the US; gentamicin was associated with chemical conjunctivitis during the last erythromycin shortage; and povidone-iodine has limited data available on benefits and harms.

Prenatal screening recommendations

- Prenatal screening is the best method for preventing gonococcal ophthalmia neonatorum among newborns:
 - All pregnant women < 25 years and women ≥ 25 at increased risk should be screened for *N. gonorrhoeae* at the first prenatal care visit and again in the third trimester if the risk continues during pregnancy.
 - All females treated for gonorrhea should be retested 3 months following treatment.

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More information

Utah Epidemiology: <https://epi.utah.gov/>

CDC: [STD Treatment - Drug notices](#)

CDC: [STI Treatment Guidelines, 2021](#)

DHHS disease reporting line: telephone (1-888-EPI-UTAH (374-8824)), email (reporting@utah.gov), or fax (801-538-9923).

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